



Ghana Homeopathy Project

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Report on a pilot audit (2012-2013)

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SUMMARY

Ghana Homeopathy Project (GHP) has been providing free/low cost homeopathic treatment to people in Ghana since 2005. In 2012 a routine data collection system was initiated and piloted in GHP clinics. Patients reported the symptoms that bothered them the most using the Measure Yourself Medical Outcome Profile (MYMOP) form and homeopaths provided a 'homeopathic clinical diagnosis' (hereafter referred to as 'clinical diagnosis.')

Forms were completed from a total of 326 patients who had sought help from GHP-supported homeopaths during a 9.5 months window (17/11/2012 to 5/9/2013). This represented about 30% of patients treated by GHP-supported homeopaths during this time period.

Of those patients for whom forms were completed, just over half (53.1%) were female, and the mean age of these patients was 40 years (range 2 to 100 years old).

Homeopaths reported 597 diverse 'clinical diagnoses' for the 326 patients. 29% of patients reported some form of 'pain' (e.g. 'back pain'). Mental and emotional symptoms (depression, anxiety, etc.) accounted for around 8% of all homeopaths' 'clinical diagnoses' and 10% of all symptoms reported by patients on the MYMOP forms. Around four fifths (79%, 256/326) of patients reported taking some form of medication at the time of their consultation.

This is the first audit of the work of GHP in Ghana. Both homeopaths' and patients' perspectives are reported which is an important strength of this dataset. This pilot has demonstrated that it is possible to set up a routine data collection system at GHP-supported clinics. Future work will need to maximise the proportion of patients for whom forms are completed.



INTRODUCTION

Ghana Homeopathy Project

The Ghana Homeopathy Project (GHP) is a charity that has been providing free/ low cost homeopathic treatment to people in Ghana since 2005. GHP supports low cost clinics in the Accra region, the Volta region, Mafi Seva and surrounding villages in the Volta region, and Ehi, a village close to the Togo border. In Mafi Seva, GHP works in partnership with NGO Ananda Marga Universal Relief Team (AMURT) in Ghana, which provides integrated health care and clean water to people from over 25 villages. People who come to the clinic are offered the most appropriate treatment for their health issues and both conventional medication and homeopathic treatment are provided free or at low cost to everyone¹.

GHP runs regular training programmes in homeopathy for health care professionals in Accra and Kumasi and provides homeopathic medicines, training, supervision, books and equipment for the primary health care centre in Mafi Seva village. The clinics are staffed by Ghanaian homeopaths, through the volunteer programme, and a team of homeopaths in the UK who fundraise and manage the project in support of the Ghanaian partners. There are reciprocal links/visits/training/supervision with homeopaths from India and the UK and informal links with other homeopathy projects in Africa projects.

Research

In 2012, GHP received funding from the charity Homeopathy Action Trust to conduct research about patients with mental health issues and their treatment by homeopaths. After discussion with Dr Clare Relton² the decision was made to set up and pilot routine data collection with homeopaths working in GHP-supported clinics and to audit the results. This pilot would then inform the design of any future data collection/ audit system and facilitate future research (e.g. this information would provide the basis for talks with the Ghanaian Directorate of Traditional and Alternative Medicine and the Accra Psychiatric Hospital regarding the provision of homeopathy/ or further research into the role of homeopathy in Ghana).

The aim of this pilot audit was to describe routine homeopathic treatment in GHP-supported clinics using one or more validated outcome measures. The objectives were to:

¹ Working together with local people, AMURT Ghana has established a reservoir in the area which provides clean water to local villages as well as health education programmes and a midwifery centre based at the clinic.

² Dr Clare Relton – on behalf of the Homeopathy Research Institute - worked with Linda Shannon and Angelika Metzger and other GHP colleagues on the design of the audit forms and data collection system.

- To set up a routine data collection system and collect prospective routine data from all GHP-supported clinics for one year.
- To collect routine information on:
 - a. number of patients seen
 - b. characteristics of patients: age, gender, rural/town, occupation, marital status, number of children
 - c. duration of treatment
 - d. disease classification (including mental health issues)
 - e. other treatment being received
 - f. presenting complaint (what the patient is seeking help for and its impact on the patients daily activities)
- To assess the accuracy and completeness of data collection and make recommendations for future data collection at GHP supported clinics.

METHODS

Creating the data collection forms

The routine data collection forms sought to capture both the homeopaths' and the patient's perspective on their health/ treatment (SEE APPENDIX 1). The choice of data to be collected (including validated outcome measure to be tested) and the data collection form and plan (APPENDIX 2) was decided after discussions between Linda Shannon, Angie Metzger and Clare Relton and colleagues at the University of Sheffield who specialise in mental health research. A variety of validated outcome measures for both the homeopaths' 'diagnosis' section and the collection of information directly from patients were considered. These included COOP WONCA (which uses pictures for illiterate patients) (Kinnersley P et al, 1994) and MYMOP (Patterson C, 1996).

One validated outcome measure was chosen – MYMOP (see Appendix 1). This is a patient-generated outcome measure. Each patient is asked to choose ('generate') the two symptoms that bother him or her the most and score them on a seven point Likert scale (from 0, 'as good as it could be', to 6, as bad as it could be'). Patients are also asked to score their 'general wellbeing' on a scale of 0-6. Information on the name and dosage of medication being taken was also recorded, as was the importance in cutting down the medication.

Data collection system

Data was collected in paper form by GHP-supported homeopaths, with the aid of their assistants and translators, with direct input from the patients. The forms (see Appendix 1) were sent back regularly by registered post to the UK and data inputted in the UK by Theresa Partington and Peter Jadinge. The first time the collection form was used, the homeopath provided a clinical diagnosis (and rationale). Patients (with help from homeopaths) completed the Measure Yourself Medical Outcome Profile (MYMOP) form. All homeopaths are registered with professional organisations with codes of ethics and conduct and full insurance. Homeopaths were paid 3 CEDIS (equivalent to £1 at the time) for each form they completed and returned.

As this was routine data collection, and there was no change to usual patient care, Research Ethics Committee approval was not required.

Using these routinely collected data a clinical audit was undertaken of many patients consulting during a 9.5 month time period. As the symptoms and diagnoses reported by patients and homeopaths were in 'open' text rather than 'closed' text format, the reporting of this data presented challenges.

Analysis

As there was a strong interest from GHP in understanding more about the types of mental states of patients being treated by GHP-supported homeopaths, all homeopaths' 'diagnoses' and all patients' symptoms were each first divided into either 'mental' symptoms/ diagnoses or 'physical' symptoms/ diagnoses. Any large subgroups/ clusters of diagnoses/ symptoms within either of these two categories were also reported, e.g. 'gynaecological'. Summary descriptive statistics are used throughout where appropriate.

RESULTS

Patients, homeopaths and clinics

From 17/11/2012 to 5/9/2013 completed forms for a total of 326 patients were returned by three homeopaths, with the help of their assistants and translators. Only one form per patient consultation was completed. Consultations were either initial appointments or follow-up consultations.

Three quarters (n= 249) of patients were seen in rural clinics by three homeopaths – Samuel Tsamenyi (known as 'Emperor'), and John Quarshie (known as 'Pastor John'). Unlike the urban clinics, the rural clinics are 24/7 walk-in clinics. Emperor works as clinic director at Mafi Seva, which is a rural clinic in the lower Volta region. Emperor saw patients either at the Mafi Seva clinic or in nearby outreach clinics. Emperor and Pastor John completed 229 forms. Pastor John is a full time Pastor of a big church community who also works as a homeopath in the rural area of Ehi near the Togo Border. He completed 20 forms.

The rest of the patients (n=77) were seen in urban areas by homeopath Dr Julius Berdie, who works in these three urban areas: Accra central, Kasoa (a suburb of Accra) and Ho.

Incomplete data collection

Though the aim was for all patients to be included in the audit, Linda, Angie and Emperor estimated that forms were completed for only 30% of those patients treated. The GHP team reported that:

“the homeopaths found it difficult at times to fill in the questionnaire due to the pressure of queues of patients waiting time was needed to explain the form to the clients, some of whom are illiterate.”

For more on this topic see the Discussion section.

Characteristics of patients

Half (53.1%) the patients were female. The mean age of patients was 40 years (range 2 to 100 years old). Just 9% (20/326) of the patients seen were children (aged 17 or under).

The majority (88%, 270/306) of adults reported having children. Of those who had children, the mean number of children was 3.8 per patient. One man reported having 40 children, the large number being the result of his high status and many wives.

Around half (45%) of patients reported their occupation as farming (n= 147). Other commonly reported occupations were: student/pupil/school (n= 27), trader (n= 20), teacher (n=13), unemployed (n= 11), retired/ pensioner (n= 10), and the remaining 30% of patients (n= 100) reported a wide variety of manual and non-manual occupations (e.g. cow boy, car painter, seller, cleaner, carpenter, graphic agent, businessman, health assistant, seamstress).

Homeopath reported data

For the 326 patients seen, homeopaths reported a total of 597 diverse ‘clinical diagnoses’. The majority of these were single diagnoses or symptoms e.g. influenza, ailments from grief. However, some ‘clinical diagnoses’ reported by homeopaths had several components, e.g. ‘breast pain from anger and depression’, or ‘effects of dog bite and tetanus prevention’. Homeopaths also reported the reason for their diagnosis. These are not reported due to lack of resources for the analysis.

Over a quarter (28%, n= 91) of diagnoses included the term ‘pain’, the most common of which was ‘back pain’ (n= 16/91) (see Figure 1: Pie chart of homeopaths’ ‘clinical diagnoses’). ‘Fever’ (n=29) accounted for 5% of diagnoses reported by homeopaths (these included one patient with fever and a malaria diagnosis³, one patient with fever and a typhoid diagnosis and one patient with an HIV diagnosis).

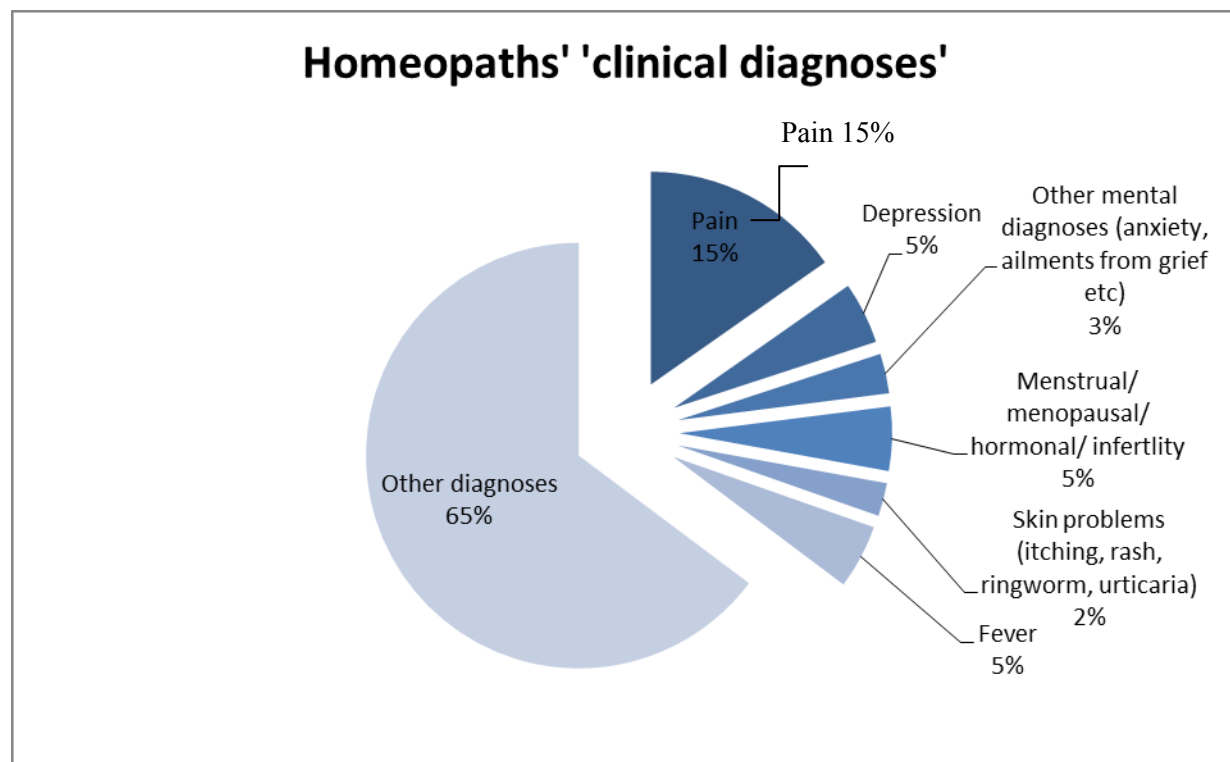
Gynaecological diagnoses (described here as ‘menstrual /menopausal /hormonal /infertility problems’) accounted for around 5% (n= 29) of diagnoses. Another commonly reported diagnostic group was ‘skin problems’ (itching, rash, ringworm, urticaria, etc); this accounted for 2% (n= 15) of homeopaths clinical diagnoses.

³ In the Mafi Seva clinic, if Malaria is suspected then the patient is tested immediately with a blood test to verify whether or not they have malaria. If a diagnosis of malaria is made then the anti-malarial drug is dispensed (by the clinic nurse) and the homeopath is not allowed to treat the patient. If a patient seeks treatment and is already taking an anti-malarial drug then the homeopath is able to treat them. When patient case histories are taken, Malaria is often mentioned as having been a past (or recurring) condition

‘Mental/ emotional’ clinical diagnoses (i.e. symptoms found in the ‘Mental/ Mind’ section of Homeopathic Repertories) were reported 47 times and accounted for around 8% of all homeopaths’ ‘clinical diagnoses’. These included 5% (n=28) of patients being given a diagnosis of ‘depression’.

Other mental/emotional clinical diagnoses accounted for 3% of diagnoses in total and were as follows: anxiety (n= 4), ailments from grief (n= 3), delusions/hallucinations (n= 4), sadness (n= 2), suicidal thoughts (n= 3), memory problems (n= 3).

Figure 1: Pie chart of Homeopaths’ ‘clinical diagnoses’



The other 70% (n=415/597) of clinical diagnoses were heterogeneous, with each group accounting for 2% or less of all diagnoses. These included: ‘asthma’ (n= 16), ‘headaches/migraines’ (n= 11), ‘injuries’ (n= 11), ‘paralysis’ (n= 10), ‘hepatitis’ (n= 7), ‘bites’ (n= 5), ‘epilepsy’ (n= 5), ‘diarrhoea’ (n= 5), ‘high BP’ (n= 5), ‘arthritis’ (n= 4), ‘diabetes’ (n= 3), ‘hernia’ (n= 3), ‘HIV’ (n=2), ‘enlarged spleen’ (n= 2), ‘respiratory tract infection’ (n= 2).

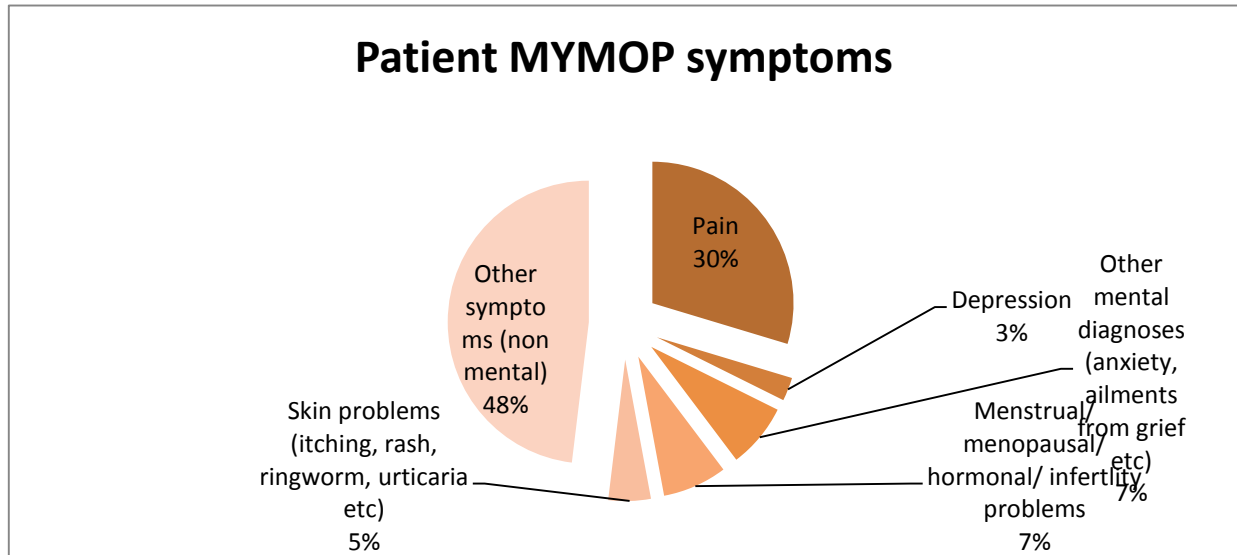
Patient perspective

325/326 patients completed MYMOP forms (see Appendix 1), and provided information on the ‘symptoms that bothered them the most’, their general feeling of wellbeing, duration of main symptom and medication they were using. Information on ‘symptom 1’ was reported by 325/326 patients and ‘symptom 2’ by 274/326 patients.

Over half (n= 171/326) of patients had had their primary symptom for one year or more.

The symptoms that patients reported most frequently as ‘bothering them the most’ were physical ‘pain’ (30%, n=177) e.g. ‘back pain’. ‘Fever’ was mentioned 12 times by patients (including one patient with a malaria diagnosis and one patient with a typhoid diagnosis).

Figure 2: Pie chart of patient MYMOP symptoms



Just 10%, (n=60) of the symptoms reported were mental/emotional symptoms. These included ‘depression’ (n= 16), ‘fear’ (n=16), ‘concentration problems’ (n=10), ‘memory problems’ (n=6), ‘anxiety’ (n=4), ‘delusions’ (n=3), ‘irritability’ (n=2), ‘screaming’ (n=1), ‘aggressiveness’ (n=1).

Other commonly reported groups of symptoms that bothered patients were gynaecological symptoms which we report here as ‘menstrual/ menopausal/hormonal/ infertility problems’. These accounted for 7% (n=44) of all symptoms reported. Another frequently reported symptom group was dermatological, which we report here as ‘skin problems’ 5% (n= 29).

Medication

Around four fifths (79%, 256/326) of patients reported taking some form of medication at the time of their consultation. There was a very broad and interesting range of medicines being taken. These included local herbs, homeopathic medicines, vitamins, Brufen, Paracetamol, Diclofenac, ‘alcohol’, Diazepam plus many more other types of medicines. Over a third (34%, n=88) of those who reported taking medication reported taking some form of herbal medicine.

For the majority of patients, reducing their existing medication was not important (n=198). Just 9% (n= 23) reported that it was a ‘bit important’ and only 6% (n= 15) reported that reducing their medication was ‘very important’.

DISCUSSION

Strengths

This is the first audit of the work of GHP-supported homeopaths in Ghana. Both homeopaths' and patients' perspectives are reported for each patient, which is an important strength of this dataset. This pilot has demonstrated that it is possible to set up a routine data collection system at GHP-supported clinics, and that homeopaths and their patients will complete the MYMOP forms. The pilot also demonstrated that the forms were successfully returned to the UK where the data was inputted. Given the geography and resources of GHP this is a considerable achievement.

Limitations

However, GHP leaders estimate that forms were completed and returned for only 30% of all patients seen during the pilot time period. As only 30% of patients seen completed forms, it is difficult to state with certainty that the data reported above is an accurate description of the patients seen by GHP. There was variation in the number of forms completed. More forms were filled in in the rural clinics; reasons cited for this were that there were more helpers available (homeopaths often work in a team in rural clinics) and that the money was probably:

“more of an incentive in the rural clinics as clients are usually treated for a very low fee or, if poor, for free”

The main reason as to why forms were not completed for all patients was that the clinics were ‘too busy’. In addition there were time issues due to language barriers/translation issues.

Recommendations for future data collection: Factors that might help increase homeopaths' willingness to spend time completing the forms include: increasing the fee paid per form filled in (currently 3 CEDIS), translating the form into the language needed, increasing the number of helpers available to fill in the forms – outsourcing to an assistant practitioner or translator, shortening the length of the form (e.g. removing the homeopaths' 'reasons for diagnosis' section and homeopath's perception of possible mental health issues sections).

Homeopath vs patient perspectives

It is interesting to compare homeopaths' 'clinical diagnoses' with the patients' 'symptoms' that bother them the most.

Mental vs physical symptoms

Physical symptoms were more frequently mentioned than mental/emotional type symptoms by both patients and homeopaths. However, the reported perception of GHP-supported homeopaths that work there frequently is that a large number of patients do have mental health problems, but that those patients do not use 'mental health' type terms to describe their ill health.

One can speculate as to the reasons for this. Is it (1) because patients do not recognise their mental/emotional symptoms or aetiology? Or (2) because patients do not perceive that mental/emotional symptoms are a form of ill health? Or (3) do not want to communicate their distress (sad, unhappy, afraid, fear, stress, anxiety, grief, panic) to the homeopath / or a foreigner/ or a non-native speaker? Or (4) the result of a cultural difference in perception between how those in the UK and those in Ghana conceptualise/ interpret their health/ lives and the reasons for their ill health? Or (5) that no health

care worker, prior to a homeopath, has ever paid attention to / asked them about their mental / emotional state?

If there is an interest in the future in setting up a dedicated mental health clinic then careful consideration will need to be given regarding the name/branding for the clinic (Tanzania HHA call their predominantly HIV/AIDS clinics 'Homeopathy for Health in Africa' / HHA clinics). Or (6) it was not acceptable within the culture to complain of mental or emotional difficulties.

Recommendations for future

Future audit work in this area needs to ensure that the majority (if not all) patient consultations are recorded in order to ensure that the findings are representative of the actual population being treated in GHP supported clinics.

Homeopaths will need to be encouraged and supported to make routine data collection routine i.e. every patient seen (see 'Recommendations for future data collection' section).

References

Paterson, C. (1996), 'Measuring outcomes in primary care: a patient generated measure, MYMOP, compared with the SF-36 health survey', *BMJ*, 312, 7037, 1016-20

P Kinnersley, T Peters, and N Stott, Measuring functional health status in primary care using the COOP-WONCA charts: acceptability, range of scores, construct validity, reliability and sensitivity to change. *Br J Gen Pract.* Dec 1994; 44(389): 545–549.

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ROUTINE DATA COLLECTION FORM (I)

To be filled in by the Homeopath at the first appointment

CLINIC	Tick <input type="checkbox"/>	HOMEOPATH	Tick <input type="checkbox"/>
Pinks Clinic Kasoa		Emperor	
JB Clinic Accra		Grace	
Mafi-Seva Community Centre		Julius	
Mafi-Kumase		Pastor John	
Mepe		Other -	
Ehi Clinic		Name.....	
Ho Clinic		Country of origin	
Other - Name.....			

PATIENT NAME:	Gender: M / F	
Patient ID:	Number of children:	
Age:	Region:	
Date of consultation:	First consultation?	Yes / No
Occupation:	Mobile tel number	

Homeopath's clinical diagnosis e.g. eczema, depression, exhaustion, grief, insomnia		
1.	Reason for diagnosis e.g. red and dry skin	
1.	Reason for diagnosis e.g. itching skin	
1.	Reason for diagnosis e.g. crusting skin	
Homeopath's perception of possible mental health issues (To be filled in <u>AFTER</u> the first appointment by the <u>Homeopath</u>) Tick <u>any</u> that you think might apply		
Schizophrenia and psychotic disorders	Neurotic, stress related and somatoform disorders	
Mood disorders (includes depression, bi-polar)	Behavioural syndrome (e.g. eating disorders, addictive patterns, sleep disorders...)	
Anxiety disorders (Generalised Anxiety Disorder, phobia, OCD etc)	Personality disorders (paranoid, schizoid, dissocial etc.)	
Dementia	Mental retardation	

To be filled in by the Patient at the 1st appointment (homeopath to help if needed)

MYMOP2

Full name Date of birth

Postal address

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

SYMPTOM 1: 0 1 2 3 4 5 6
..... As good as it As bad as it
..... could be could be

SYMPTOM 2: 0 1 2 3 4 5 6
..... As good as it As bad as it
..... could be could be

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY: 0 1 2 3 4 5 6
..... As good as it As bad as it
..... could be could be

Lastly how would you rate your general feeling of wellbeing during the last week?

0 1 2 3 4 5 6
As good as it As bad as it
could be could be

How long have you had Symptom 1, either all the time or on and off? Please circle:

0 - 4 weeks 4 - 12 weeks 3 months - 1 year 1 - 5 years over 5 years

Are you taking any medication FOR THIS PROBLEM? Please circle: YES/NO

IF YES:

1. Please write in name of medication, and how much a day/week

2. Is cutting down this medication: Please circle:

Not important a bit important very important not applicable

IF NO:

Is avoiding medication for this problem:

Not important a bit important very important not applicable